

---

## **Christian Pastoral Care and Psychotherapy: a Need for Theoretical Clarity**

Meaza T. Woldemichael, (Advanced) MA & STL

Doctoral student  
Faculty of Theology and Religious Studies  
Catholic University Leuven, Leuven, Belgium

Marcel Broesterhuizen, Ph.D.

Professor of Pastoral Theology and Counseling  
Faculty of Theology and Religious Studies  
Catholic University Leuven, Leuven, Belgium

Axel Liègeois, Ph.D

Professor of Pastoral Theology and Counseling  
Faculty of Theology and Religious Studies  
Catholic University Leuven, Leuven, Belgium

Correspondence may be sent to: Meaza Woldemichael, email: [meazayesus@gmail.com](mailto:meazayesus@gmail.com)

Recently, Christian pastoral care and psychotherapy have shown an increasing interest in embracing each other more than ever before. Theoretical clarity is essential both to maintain the individual identities of the two disciplines and to help practitioners select and apply appropriate resources from each other's discipline when necessary. This article aims to contribute to the limited body of literature by discussing some of the exemplary theoretical commonalities of the two disciplines as well as their distinctions. A review of the existing literature, enriched with practical pastoral experiences and academic work of the authors will help to clarify some of the basic philosophical and anthropological assumptions that have impacts on the actual practices of the two disciplines.

---

**Key Words:** pastoral care, counseling, psychotherapy, theory, identity, distinction

### **Introduction**

An increasing number of contemporary scholars are giving considerable attention to promoting openness and acceptance between the disciplines of pastoral care and psychotherapy. As a result, the individual disciplines' theoretical and practical distinctions are becoming less clear and more ambiguous. While the two disciplines are contributing significantly to taking care of people each in their own way. However, due to an uncritical openness towards the other discipline, identity crises and theoretical ambiguities are increasing. When practitioners consider either borrowing some elements from the other discipline or opt for integration, theoretical clarity becomes necessary to avoid ambiguities and overlapping. This paper discusses some of the most important communalities and distinctions that influence the practice of Christian pastoral care and psychotherapy. In this discussion, the authors view pastoral care mainly but not exclusively from a Roman Catholic background.

The article is divided into three components. The first part highlights some of the historical and foundational elements of Christian pastoral care and psychotherapy from which these disciplines obtain their distinctive nature and focus of attention. The second part discusses some of the inner diversities and pluralities that exist within the two disciplines and provide theoretical alternatives and multiple approaches for pastoral care practitioners and eclectic psychotherapists from which to choose. However, the lack of uniformity in the respective disciplines challenges our effort of clarifying the disciplines' theoretical communalities and differences. The final part discusses a selection of major anthropological and philosophical concepts and understandings that underline, shape, and distinguish pastoral care from psychotherapies and other care service.

## I. Historical and Foundational Elements

Pastoral care and psychotherapy have both similarities and differences in their origins and historical evolutions. While the former bases its foundation primarily on religious and ethical convictions, the latter originated from clinical praxis, such as Psychoanalysis, and from the natural sciences, such as Behaviourism. Current models of pastoral care and psychotherapy have gone through long evolutionary processes. The object of Christian pastoral care, namely helping the 'people of God', in its broader meaning, has its foundation primarily from the teachings and life of Jesus, who is known by Christians as the Healer of body and spirit alike. As Rizzuto (1998, p.70) noted, Jesus' healing is considered mainly as spiritual healing to bring peace and reconcile the relationship of the human person with God. This spiritual healing is understood to promote subsequent physical healing.

The advent of formalized psychotherapy, particularly psychoanalysis, although clearly linked with the famous 20<sup>th</sup> century natural scientist Sigmund Freud, its origin, similar to pastoral care, goes back millennia. The Greek physician and the pioneer of scientific medicine, Hippocrates (460 – 357 BC), differentiated medicine from other disciplines, such as philosophy, religion and magic. By means of, "investigation, observation and clinical experience" He "classified the symptoms and the natural history of the disease." (Rizzuto (1998) p.70) Hippocrates considered healing as a fully natural process. Nature heals; what is necessary in helping the sick person is creating the right conditions to let the healing happened. This process of medicine and healing passed different stages in history. Similar to that of Hippocrates, Sigmund Freud revived the discipline of medicine based upon purely natural resources. As a neurologist, he used similar methods of research: namely, "observation, experimentation and documentation of the processes of becoming emotionally ill and recovering from it." (p.71) This model remains a valid and scientific method for modern psychoanalysis. Though it has a relatively short history, it has been quickly and widely recognised and accepted worldwide. Currently, there are several psychotherapeutic theories and schools with various ways of doing psychotherapy.

The field of "psychotherapy" in general, as we know it today, represents a rather recent phenomenon started only within the last century. Christian pastoral care has been practiced amongst Christians for the last two millennia. It was used as a primary care-giving service in Christian societies up until the dawn of psychology in the 19<sup>th</sup> century. The foundational differences between pastoral care and modern psychotherapies are not new. The most influential and founding figures in the field of psychotherapies, such as Sigmund Freud, Albert Ellis and Carl Rogers, have contributed to widen the gap between the two disciplines. As MacDonald and Webb (2006, p.4) noted, these leading figures, besides their prominent contribution to the field of psychotherapy, are also known for challenging religions by their theories.

Freud regarded religion as a mass delusion and practicing the faith as infantilized practice, the result of "the repression of natural, healthy impulse". Likewise, Albert Ellis "viewed religion as cognitive falsehoods, irrationalities to be challenged and jettisoned for healthier psychological perspectives." (MacDonald & Webb, p.4) Carl Rogers, who explicitly abandoned his Christian past, is also another influential theorist and therapist whose theory has got a wide acceptance, especially in the humanistic approach. Consequently, the fields of psychotherapy, and of psychology in general, have grown to exclude religions totally until recent years. MacDonald and Webb argue that as research indicates the psychological community is becoming more secular than most of the other scientific disciplines in the USA. (p.4)

This psychotherapeutic tendency of excluding religious and faith issues is particularly an issue in Western Europe. In Europe, psychology in general and psychotherapy in particular seem to be far removed from religion more than the actual practice in the USA. Nevertheless, according to Corveleyn (2000), this exclusion of religion in the healing practice of psychotherapy, both in practice and theory, is not necessarily and entirely

against religion. Corveleyn clarifies that religious neutrality has been practiced mainly in the field of psychoanalysis, and it is meant to respect the freedom of the clients because personal religious experience is the most hidden aspect of an individuals' life in Europe. Accordingly, psychoanalysis, by its well-known approach of "benevolent neutrality" or "attitude of respectful reticence," avoids interference with religious issues. Yet, when the clients reveal their religious view, and when it is appropriate to address it, the psychoanalyst works accordingly. (pp.346-349) Moreover, psychoanalysts are not allowed to guide the clients in their quest for ethical, religious values because "Psychoanalysis and psychotherapies in general do not have a message of salvation in the religious sense of the word." (p.348; see also Corveleyn & Luyten, 2005, pp.93-94) In psychoanalysis, since the therapist has only to interpret, every form of guidance would be seen as counter-transference, whereas in pastoral care, not giving guidance when that is deemed necessary would be a serious omission.

Considering this dichotomy, one could conclude the difference between pastoral care and psychotherapy is irreconcilable. However, this is not always the case, as there are also movements from both disciplines to integrate important elements from the other respective discipline in their caring and therapeutic practices. Hence, although there are scholars from both sides that are sceptical and strongly argue against this move, it is important to note that currently both fields are becoming more inclusive than exclusive. While the Christian faith, ethics and spirituality are constitutive elements, other human experiences and sciences are also significant resources to the practice of Christian pastoral care. On the other hand, psychotherapy, first and foremost, has its foundation from psychologies. Browning and Cooper (2004) distinguished psychologies in two major categories: philosophical and scientific. By philosophical they maintain that psychology is not a 20<sup>th</sup> century discovery; it has a long and rich history. Philosophical psychology has grown in the 20<sup>th</sup> century from speculative to clinical and experimental psychology. (pp.3-4) Despite this shift, modern psychotherapy can still be considered a "mixed discipline" because it contains "ethical and quasi-religious assumptions" in it. (p.vii) In addition to its psychological foundation, psychotherapy is also supported by other sciences and other humanistic disciplines. Miller's (ed. 1999) book extensively discussed the recent move of psychotherapy towards embracing spirituality in its therapeutic and caring practices.

In most psychotherapies, addressing biological needs and issues of the human person are given emphasis, whereas in pastoral care spiritual and ethical issues are also taken seriously. In the latter, the basis for this assumption lays in the view of the human person who is not perceived as a merely biological being but also spiritual; not just body but also spirit. Accordingly, pastoral care attempts to treat the person as a whole, body and soul together and without discriminating between the two. This holistic view of pastoral care enables the field to treat the whole human person in his/her integrity. However, the inclusive character of pastoral care can appear to make the discipline less scientific though not necessarily less effective.

Unlike pastoral care, psychotherapy wants to assert its scientific character by proving its being "evidence-based" practice, and sciences often using a reductionist approach. Elder (1995) noted that psychotherapy is a scientific discipline that tends to look at religion and religious concepts from a reductive approach appropriate to its own particular arena. (pp.349-350) Modern psychotherapies claim to be a scientific discipline more than of pastoral care models do. Ethical and spiritual assumptions are among the basic and constitutional elements to the field, and they can be seen and applied explicitly in theory and practice.

## II. Inner Diversity within the two Disciplines

Both pastoral care and psychotherapy have inner diversities within their own disciplines. The main approaches of pastoral care include teaching, preaching, guiding, sustaining, nourishing and healing. Christian pastoral care substantially differs from secular psychotherapy and other forms of care services by its distinct anthropology. However, due to plurality of views and traditions among Christians, it may not always

have one and the same understanding and interpretation of the human person. Consequently, there is no one and same theology regarding the human person that would shape and influence their pastoral care practices.

Theoretical and practical diversity also exists within the field of psychotherapy. Yet, this inner diversity may provide practitioners wide theoretical and practical alternatives to learn and apply within their healing practices. When one problem cannot be fully addressed and treated in one psychotherapeutic approach, a psychotherapist may borrow elements and techniques from the other for a better outcome. MacDonald and Webb (2006, p.3) indicated that while a considerable number of psychotherapists are eclectics, many of the psychotherapeutic approaches are also equally effective. Therefore, it can be rightly said that their lack of uniformity is advantageous in tackling the multifaceted human problems that cannot always be fully addressed by only one or the other therapeutic approach.

The inner diversity witnesses the richness of the two respected disciplines as it provides multiple options for practitioners to appropriately choose and apply within their actual caring and healing praxis. However, this reality makes theoretical comparisons between the two disciplines far more complicated. For example, what is useful for one school of psychotherapy may not always be the same to the other school and *vice-versa*. We will now focus our discussion on some of the theoretical foundations of pastoral care in comparison mainly with Rational Emotive Behavioural Therapy of Ellis and Gestalt Therapy. The Freudian Psychoanalysis and the Rogerian (Client Centred) schools, although referred in this paper, will not be sufficiently discussed for lack of space.

**REBT and Pastoral Care:** Unlike the psychodynamic school that emphasizes clinical and scientific methods, Rational Emotive Behavioural Therapy, is grounded in philosophical assumptions. The religiously and spiritually motivated care characterizing pastoral care has mainly theistic and religious foundations embracing both the spiritual and biological domains. REBT is “a decidedly nonreligious cognitive therapy that focuses on the individual’s responsibility for his or her own feelings. As such, it denies the need for any theistic notions.” (West and Reynolds, 1997, p.187) In Christian pastoral care, individuals’ responsibility is seen alongside the Christian tradition/message and the community. Moreover, the religious identity of the pastoral care provider is most often already self-evident, but it should not in any way impose or force the care receiver to accept his/her worldviews.

According to REBT, life becomes happy when the following three conditions are met: unconditional self-acceptance (USA), unconditional other acceptance (UOA), and high frustration tolerance (HFT). (Nelson-Jones, 2008, p.200). Although REBT’s principle of unconditional acceptance is not necessarily contradictory to Christian theology, the latter takes seriously into account that the highest form of human happiness lies in one’s ultimate union with the Transcendent or God.

West and Reynolds (1997) note that, despite its theoretical and practical differences, certain rules of REBT are applicable for doing pastoral care. Like Freud, Albert Ellis, the founder of REBT, rejects religion altogether as “unnecessary at best and a dictatorial, irrational force at worst.” (p.187) Conversely, Christian pastoral care is primarily religiously or spiritually motivated care providing service of the churches in which religion is seen as relevant for its healing process in particular and an important dimension of human life in general. Pastoral care and REBT both value teaching philosophy of life in order to bring significant change in the life of the individuals. Another major difference between the two disciplines is that REBT regards human life as entirely limited to the physicality of the person, and pastoral care regards life as having, in addition, a spiritual therefore transcendental dimension/meaning not simply limited to the here and now. The former emphasizes the reduction of negative emotions to an acceptable degree and getting desirable emotions to achieve the primary goal in life, which is human “enjoyment and survival.” The latter focuses not only on personal enjoyment and survival but also

incorporates the ethical and spiritual dimension of the individuals and, ultimately, a relationship with the supernatural.

From the practical point of view, the therapist in REBT acts primarily as a teacher rather than as a therapist, whereas in pastoral care, a pastoral caregiver is not limited to being a teacher but also depends upon the training, circumstance and the need, can be among others a caregiver, or a therapist, or counsellor, or accompanier. Unlike other psychotherapeutic schools, in "orthodox" REBT what is important is not only a good therapeutic relationship between the therapist and the client but also a good philosophy of life that determines the outcome of the therapeutic process. In pastoral care similar to that of other psychotherapeutic schools, such as the famous Rogerian Person Centred approach, a good therapeutic relationship and especially empathy as experienced by the client is an effective element of therapy. Pastoral care also promotes the community or relational values in its caring practices.

*Pastoral Care and Gestalt Therapy:* Gestalt as theory of knowledge has a philosophical foundation. Pastoral care has both a philosophical and theological origin. Like many other psychotherapies, in both Gestalt therapy and in pastoral care, individuals' self-actualization and freedom are important. Individuals should be able to exercise their freedom without external restrictions and approval. These modalities share the perspective that the more people exercise their freedom in accordance with their inner desire, the healthier they become. Likewise, in Gestalt theory children will grow healthy, when they are free to act as they like and be acknowledged regardless the quality of their actions. However, in pastoral care, the concepts of self-actualization and individuals' excessive freedom are not necessarily perceived as guaranteeing peace of mind and psycho/spiritual health. Pastoral care considers guilt and sin to have the potential of negatively affecting individuals' integrity and health.

Gestalt therapy is a purely secular psychotherapy. In Gestalt personality development theory identifies three important stages of human development: the first of these is the early age or social level, the second, psychophysical stage, and the third, a spiritual stage, which is the developmental fulfilment of the first two. The spiritual stage, however, does not resonate with the term's religious connotation nor would it be realized by practicing religion. As Kempler (1973) notes: "Unfortunately, many, not knowing how to take the difficult path of personal development, try to leap into this third stage by the use of religious institutions and drugs. Both of these means can fortify one's belief in this stage, but neither has the power to put one there." (p.262)

Renear (1976) found parallelisms between Christian faith and its Sacraments with the Gestalt therapy thinking. He argued that despite Perls' and his followers' mockery of religions as a delusion, they have similarities:

Perls spoke of the neurotic's beginning to lose contact with reality, while Christianity would say that the sinner (Tillich's separated or detached one) begins to lose touch with God (Ultimate Reality). The return to wholeness, said Perls, begins when the neurotic (Christians read "sinner") accepts his own responsibility for his condition and says, "It is I who am doing this or preventing this." (p.15)

Christian pastoral care and the Gestalt therapy, as Renear discusses, share a similar goal to work for the wholeness of the human person. Jesus' call for life in abundance is the Christian conviction as well as the aim of pastoral care for those to whom the care is given. He also noticed that similarity between the two can be found in the Christian Sacraments' and the Gestalt's focus on the *here and now*. (p.3-4)

In Gestalt therapy, the therapist lets the client pass through frustration. It is only then that the real healing can occur. Thus, the therapist's help is indirect. Similarly, in pastoral care, the practice of perseverance is important. Such is especially the case in the process of spiritual direction where the director allows the directee to pass through (spiritual) experiences such as satisfaction and dissatisfaction, spiritual light and darkness. Such experiences are part of the directee's effort to remain connected with the Spirit while the director will help by letting the directee undergo such struggles.



In Gestalt therapy, therapists not only enable the clients to pass through frustrations; they share their clients' behaviour in the same way that they demand the full client participation in the process. Similarly, Christian pastors and pastoral counsellors do the same whenever it is necessary to give witness to the other. Indeed, the whole process of pastoral care is, so to speak, living and teaching the care and love of the Christ who is the ideal model of the pastoral caregiver. Christian discipleship in general and being a pastor in particular is also a practice to imitate the Christ both in action and words. Thus the Christian pastoral caregiver may and should witness implicitly or explicitly his or her Christian message and experience to the care seeker when this is appropriate.

In Gestalt therapy it is generally believed that "direct, interpersonal experience is the key to the cultivation and restoration of mental health." (Kempler, p.251) In Christian pastoral care, healing is not always only considered as something coming from within but also from outside, from God. Gau (2000, pp.405-406) made analysis on the theme of emptiness/receptivity as taken from the Christian Scripture, *Philippians 2:6-11* in dialogue with the psychology of object relations to prove that, despite its theoretical differences Gestalt therapy can be compatible with Christian spirituality.

### III. Basic Anthropological and Philosophical Assumptions

Though both disciplines focus on enhancing human well-being, Christian pastoral care and psychotherapy have different views on human nature that consequently influence their work of care-giving practices. Christian pastoral care, as a component of the overall Christian religious activity, is mainly founded in the Christian faith and theology attributing much weight to human values, ethical behaviour, and spiritual fulfillment. It works in a framework of the mainstream systematic theological understandings and concepts such as Spirituality, Anthropology, Salvation, Love, Sin, Forgiveness and Confession. Each of these theological understandings influence and shape the actual practice and theory of pastoral care; they also serve as points of departures for pastoral care from the rest of secular psychotherapies and other non-religiously motivated care services.

*Theology:* Christian theology is a science in that it systematically explains and clarifies notions about God and human experiences and works towards a logical formulation of thought in this regard. It is an important theoretical background by which Christian pastoral care is identified and differs from other forms of caregiving services. One of the core issues in pastoral care as a theological discipline is the place of metaphysical beliefs. Among them, the belief in God is the primary and fundamental one by which all other assumptions and practices of religiously based pastoral care are shaped. Classical Traditional Christian theology teaches that all that is seen and unseen is created by the Supernatural Being whom Christians believe to be God. God created everything *ex nihilo* (from nothing) and ultimately for God's glory. The belief in God is the basic theoretical foundation of pastoral care activities.

Christological conviction and understanding is an important distinguishing aspect of Christian based pastoral care in which Jesus Christ is believed to be the one who truly and fully revealed God the Father who is the Creator of everything. Jesus is known to be the incarnated God and became fully human and as such lived the fullness of humanity. He is, therefore, the model of perfect human life on earth. The reason for his becoming human is His love for human beings. Consequently, the centre of this model of pastoral care is the love of God that has been expressed in the life and death of Christ who can rightly be called "The Wounded Healer". Doing pastoral care as Jesus did is the mission of the church and has been passed onto her from her founder. On the contrary, Christology does not play any role in secular psychotherapy.

Many psychotherapeutic schools are known to base their theories on purely naturalistic and empirical findings and often see religious assumptions as irrelevant to their therapeutic theories and praxis. Consequently, Christian authors time and again condemned Freud for his reductionist approach towards religion. Freud thinks the

concepts of God, heaven, hell, and original sin are all mere human speculation. Therefore, according to Freud, as quoted by Elder (1995, p.354), what is needed in religion is to change the metaphysics into "metapsychology." (Freud, 1960, 6:2598-59)

*Spirituality:* Spirituality can be primarily considered one of the basic aspects of pastoral care. However, in its recent developments, psychotherapy also embraces this notion as a part of its therapeutic focus. Spirituality is not understood in the same way in psychotherapy as it is in pastoral care, nor is it perceived the same way within the various Christian and other traditions. For example, in the Orthodox tradition though the name spirituality is mentioned as a modern concept and not known in its classical Tradition, it can refer to meaning "the life which God gives through Jesus Christ and the Holy Spirit in the Christian church." (Hopko, 1990) In accordance with the Orthodox tradition, spirituality is what enables the human person to participate in the life of God. (p.1221) According to Hinson, (1990) in the Protestant tradition, spirituality refers to devotion or piety (p.1222), whereas within the Roman Catholic tradition, it is perceived as a personal and distinctive way of following Christ. In the latter, Carmody stated that it is a "wholly positive way or style of making faith existential, prayerful and virtuous." In this Catholic theology, the role of God's grace and the primacy of the Holy Spirit are emphasized and thus can be supported by prayer, and penance. (1990, 1224)

Spirituality is also considered a dimension beyond the physical reality that may include "a belief in a supreme being or order, life after physical death, an ultimate reality, or supernatural beings like angels or demons." In addition, it is also said to be "as multidimensional space in which every individual can be located." (Miller and Thoresen, 1999, p.6) This definition suggests that spirituality can mean anything; it is separated from any classification and religion. Miller and Thoresen also mentioned that spirituality is found to be "the most important source of strength and direction" in the life of some people. (p.6) Spiritually integrated psychotherapy is receiving considerable acceptance and recognition within the contemporary psychological society.

*The Christian Understanding of Love:* Christian pastoral care lays its foundation in the belief of the triune God: the Father, the Son and the Holy Spirit. The highest form of God's love is expressed through the incarnation of the Son of God who out of love for humankind became man, lived among us and died for our sake. This love is the primordial element for any pastoral care praxis that is performed in the name of this faith in Jesus Christ. The responsibility and mission of the churches is to spread this good news of the love of God through their caring praxis. Accordingly, the source and motivational power in doing pastoral care through the churches is this love of God out of which love of neighbour and all human kind flows.

According to Olthuis, (2006) love is not just what we will achieve and what we will become but also who we are as humans. The Christian Scripture says: "God is love," and the human person is created in the image of God, and therefore "in the image of Love." (p.67) He also beautifully articulated such a (Christian) love in contrast with the famous philosophy of Descartes "I think therefore I am." Olthuis said, "I am loved: therefore I am." He argued, "The fundamental human question is not Hamlet's 'to be or not to be'" but rather, is "To love or not to love." (p.68) Consequently to be human or not human is measured by loving or not. (p.68) All Christians and especially pastoral caregivers in our case, are called not only to love their neighbours but also to express this love in kind services for the sake of individuals and communities and ultimately for the glory of God.

Love is an important and common phenomenon within human experiences that has been discussed by many writers and philosophers. However, the concept of love has been used in different ways. Love in the context of Christian pastoral care practice is expressed and manifested in the life of Jesus both in his words and actions. This love is the source of genuine Christian thinking and action and thus a core element of pastoral care. In this regard Olthuis wrote the following:

That being the Biblical witness, any psychological theory about human nature or any psychotherapeutic approach that would bear the name Christian-besides testifying to the fact that love is the alpha and omega of all things-ought to develop a psychology of love that works out in some depth and detail the fullness of love. (2006, p.66)

This Christian love has multidimensional aspects: loving God, loving neighbour, loving oneself, and loving nature all of which together makes love complete. These dimensions of love have implicit or explicit references from the Christian and Hebrew Scriptures. They are all assumed to work together for a tranquillity of individuals and communities. As they are interconnected, missing one dimension or the other will make this love incomplete. In pastoral care, genuine and complete healing is believed to be attained when these dimensions of love are attended. Therefore, pastoral care attempts to maintain these important conditions for better human living and for effective healing. If the multi-dimensional love is a primordial condition for doing authentic pastoral care, it can be concluded that, as such, being a pastoral caregiver is primarily a vocation than a profession.

In psychoanalysis, the aspects of love often discussed as eros mainly understood as reference to the sexual dimension of love. Eros is not necessarily contrary to the Christian understanding of love or from what has been discussed so far. Eros is often limited to self-centeredness and does not necessarily include other aspects of love within it. In Christian understanding of love, the self-love need not be selfish as that excludes the love for others; it is the love that cares and respects oneself without ignoring the love of God and neighbour at the same time. "Self-love in this sense is not being lost in self or egoistically centered-in-self, but it is to be a centered-self, a self that finds its centre in the ambience of God's love." (Olthuis, p.68) In the secular psychotherapeutic understanding of love, what is often missing is, *agape*. In any case, as love helps the healing process, it remains a crucial element in both pastoral care and psychotherapeutic practices.

Browning and Cooper (2004) noted that Christian love has more than one interpretation within the Christian churches and among Christian theologians. Some interpretations like the *caritas model* of Augustine is found to be closer to the psychological understanding of love as mutuality, eros, and self-regard. Other interpretations are quite different. For example, *agape* is understood differently in Catholic and Protestant circles. Augustine, whose synthesis later became a basic medieval Catholic thought, defended his position on self-sacrificial love (*agape*) as "upward striving natural energies of humans rather than the downward flowing and transformative grace and love of God." (p.134)

Conversely, Protestant thinkers such as Nygren and Luther, in line with Paul, believed that self-sacrificial love is the love that comes from God and that Christians are mere instruments or a *tube, channel* through whom God's love flows. Thereby bypassing "natural human striving for self-actualization and mutuality." Nygren states "Christianity can have nothing to do with many of the modern psychologies because of their decided eudemonistic commitments." (Browning & Cooper, p.134) This Christian (Protestant) understanding of love does not dovetail with the modern psychologies understanding of love as *eros*, mutuality and self-actualization.

For Niebuhr, *agape* is self-sacrificial love, which is always giving rather than receiving. This type of love offers no reciprocity making mutual love or *eros* as subordinate to *agape*. Niebuhr's interpretation is challenged by Browning and Cooper: "If my neighbour is always giving and never receiving, then my neighbour can no longer constitute an object for my own sacrificial giving. And, if I am perpetually giving and never receiving, then I can never be an object for my neighbour's sacrificial giving." (p.133) Therefore, when this Christian love is understood not as loving others more than oneself but as loving others as oneself, giving more meaning to reciprocity of love and self-actualization and equal regard understanding of psychologies that has influence in our modern psychotherapies will have similar understanding of love. (p.135)



These similarities of understanding love will not make the whole interpretive enterprise of defining Christian love similar to or the same as the psychological understandings. From a psychological point of view, people ought to love only as long as they have a positive feeling about it. From a Christian point of view, loving may continue even if a person experiences an inner conflict about it – in Rogerian terms: “discongruence”, which is unhealthy. Accordingly, a psychologist might advise such people to stop loving, whereas a pastor will help the person to understand that inner conflict can be a moment of growth. For example, the love of God that has been revealed through the person of Jesus on his death on the cross remains unique and the supreme form of love that may not be fully understood or explained by the secular psychotherapeutic theories and understanding of love.

*Anthropology:* The two disciplines, psychology and Christian pastoral care use different means to attain their ultimate goal – the well-being of the person. They both make use of other advanced human and natural sciences and other relevant resources in order to maximize their understanding of the person and to increase the effectiveness of their caring and healing practices. However, the biggest difference between the two disciplines relates to their diverse anthropological views.

Christian anthropology distinguishes pastoral care from the purely secular anthropology. Although natural and human sciences are used as important resources in understanding humanity, the primary anthropological view for Christian pastoral care is derived from its Christian tradition. Accordingly each person is understood first and foremost as created by God and in the image of God. The ultimate goal of human life is the glory of God. Christian belief maintains that people created good yet having the capacity to choose and do evil. Nevertheless, this Christian understanding ought not be understood as necessarily contrary to the modern conviction of evolutionary theory, which often tends to be scientific rather than faith-based as the former.

The basic differences between Christian pastoral care and psychotherapy lie in the previously mentioned diverse understandings of humanity. No uniform anthropology applies without variations in Christian churches and no consensus in various psychotherapeutic schools on this. (Oglesby, 1979, p.161) Nevertheless, this Christian anthropological supposition constitutes the “essence of Christian pastoral counselling” (p.162) and of Christian pastoral care. According to the Judeo-Christian anthropology, humans that are created *imago dei* and thus possess a transcendental element; they have the capacities of self-transcendence making connection with the Transcendent whom believers call God.

The God concept along with the human *imago dei* makes the pastoral care understanding of the human being different from the secular psychotherapeutic understanding of man that is viewed as mainly a biological, psychosocial being. Pastoral care distinguishes itself from such reductionistic thinking by its fundamental focus on the existential-spiritual dimension of humanity. Oglesby summarized this point noting that humans “as creature with creativity, the nature of sin as separation and isolation, which produces fear and misery, and the nature of reconciliation as forgiveness and restoration of broken relationships.” (1979, p.164)

The Judeo-Christian understanding of the human person *imago dei* implies a fundamental and natural equality between individuals. This intrinsic concept of equality has a consequence in the actual praxis of pastoral care as it brings both parties, (the caregivers and care receivers) into the same level of dignity. Since God is perceived as eternal, it brings the ultimate purpose of the human life that goes beyond the present. Eschatology as a part of Christian theology deals about the transcendental dimension of human life or the last things, namely death, judgement, heaven, and hell. Accordingly, people are believed to live the hereafter. Simply put, earthly life is not the end, and death is not the last thing in human life from the Christian perspective. This assumption shapes Christian pastoral care thereby expanding its scope from the present to the future even when one is at the danger of death.

**Soteriology:** Soteriological understanding is that God is the redeemer and saviour of human kind. Salvation has been brought to all who believe in the passion, death and resurrection of Jesus Christ. In this Christian understanding, the person needs to accept God's salvation through faith and act accordingly so that she or he will remain saved and united with God. Christian pastoral care works to assure that human salvation both in body and spirit is attainable. It also aims to help believers see that God, the Saviour, is working in the world and through the church in various ways in day-to-day life endeavours.

Many psychotherapeutic schools give significant importance to "self-fulfilment or self-actualization." (Olthuis, 2006, p.70) In Christian pastoral care, although these concepts are acknowledged, they are not always accepted when they refuse the transcendental (not just self-transcendent, but also transcending by and to the Transcendental God) aspect of the human life and people's social relationships. Indeed a person has certain potency and is capable of living his/her life and solving one's problem. However, in pastoral care, one's fulfilment is perceived to ultimately lie in relationship with others, with nature, and most importantly with God. Underlying conviction is the concept that each person is not the owner of his or her life, which is believed to be a gift from God regardless of how the person perceives his existence.

**Hamartiology:** Hamartiological understanding, Christian doctrine of sin, is another important aspect in pastoral care by which Christians clarify the concept of sin. The Catholic catechism defines sin as "an offence against reason, truth, and right conscience; it is failure in genuine love for God and neighbour caused by a perverse attachment to certain goods. It wounds the nature of man and injures human solidarity." (Catechism of the Catholic Church, 1997) People can sin by action, speech, or thought that is contrary to the eternal law and ultimately against God: "Sin sets itself against God's love for us and turns our hearts away from it. Like the first sin, it is disobedience, a revolt against God through the will to become "like gods," knowing and determining good and evil." (Catechism of the Catholic Church, 1997)

Most Christians believe that there is sin in our world and it is the result of the disobedience of the human person and/or angels from the beginning of life. Sin, as a transgression of the will and law of God, is capable of interrupting the human relationship with God. Therefore, it can be a source of emotional and psychological disturbances including depression, isolation, guilt and hatred. Pastoral care regards the concept of sin as valid, possibly even as a possible cause for human illness that might imply the need for conversion and confession when appropriate. Pastoral caregivers may take seriously the concept that human problems might be the result of a broken relationship with God, fellow humans, nature, and oneself. The concept of sin does might be understood quite differently in modern psychotherapy.

**Forgiveness:** There are also differences between pastoral care and psychotherapies in understanding the concept and practice of forgiveness. In pastoral care understanding, forgiveness is undertaken in a *state of grace* because it will have always horizontal and vertical dimensions. Ultimately, Christian understanding suggests that it is God who actually forgives. Forgiveness has no boundary; it can be asked and granted several times. However, there are a few unforgivable sins in accordance to the Christian teaching "Whoever speaks a word against the Son of Man will be forgiven, but whoever speaks against the Holy Spirit will not be forgiven, either in this age or in the age to come." (Mt. 12: 32).

Unlike pastoral care, forgiveness in secular psychotherapies is often considered a fully human action and can be obtained by human practice. (Sanderson and Linehan, 1999) Studies also affirm the positive contribution of forgiveness to health. (e.g., Lazare, 2005; Harris and Thoresen 2005; Witvliet and McCullough 2007; Menahem and Love, 2013) Worthington et al. (2007) distinguish between decisional and emotional forgiveness. While the first is a "behavioral intention to resist an unforgiving stance and

to respond differently toward a transgressor”, the latter is “the replacement of negative unforgiving emotions with positive other-oriented emotions.” (p.291) The capacity to forgive differs from person to person. As there are naturally gifted people who can easily forgive, there are also people for whom forgiveness is difficult. In both cases, the conditions of forgiveness are varied. The classic traditional Christian procedures towards forgiveness include acknowledging the wrong or sins that are committed through an act of omission, commission, thought and speech, feeling sorry or regret, determination not to do it again, requesting forgiveness, and readiness to do reparation. Sanderson and Linehan suggested similar procedures to be practiced in spirituality-inclusive current psychotherapy, which they proposed more than ten years ago. (pp.218-219)

Forgiveness has always been an important part of the classical teachings of the Christian faith. Pastoral care recognizes both the transcendental and mundane dimensions of forgiveness to bring about care and healing. As Krause and Ellison (2003) note, forgiveness by God for those who believe, has great importance in the healing process, as it is true for forgiving others is an important factor for psychological wellbeing. (pp.78, 88) Forgiveness might be demonstrated in different ways. In some it requires reparation or at least some kind of positive attitudes from the perpetrators’ part whereas in others it does not require anything from wrong doers because it is a fully unconditional and/or “Christian model” (p.80) of forgiveness. These authors identify the importance of the feeling of forgiveness by God and religion’s relevance in this process. Feelings of God’s forgiveness lead people to forgive others because, “ people who feel they are forgiven by God are more likely to forgive others unconditionally than individuals who do not believe that God has forgiven them for things they have done.” (p.78)

Forgiveness is a virtue in many world religions such as Judaism, Islam, Buddhism and Hinduism. It is not an option for Christians; it is a practice expected from every believer. Forgiveness is a call to be like God because the Christian understanding of the divine is a forgiving God. The biblical story of the Prodigal Son implies the Forgiving God and the prayer of the Our Father, “forgive us as we forgive those who trespass against us” reminds us our Christian responsibility to imitate him by forgiving others on our part. The goal and context of Christian practice of forgiveness may significantly differ from the context in which forgiveness is practiced in non-religiously motivated psychotherapies.

*Confession versus Transference:* Christian pastoral care and psychotherapy understand sin and sinner in different ways though they both care for *sinners* in Christian understanding or *guilt-ridden* people in a psychotherapeutic language. Stevenson (1966) wrote that both disciplines have similarities in this arena. However, they are not the same. Stevenson referred to psychotherapists as the “confessors of the twentieth century.” “The patient comes in with a sense of insecurity or guilt and discusses his [her] inmost desires and feelings with the psychotherapist in a spirit of confidence” (p.11) and no matter how grave the content of the confession, the therapist welcomes all feelings of the client in a non-judgemental attitude. The therapist’s unconditional acceptance of the client may form a bond (alliance) that may be help the client to expurgate his/her burden by virtue of the transference.

While “psychotherapy can help separate the sins from the moral diseases,” from the pastoral perspective, psychotherapy does not usually address the issues of sin in the strict meaning of the concept as understood by the Christians. Sin is the act of the will and therefore it is already conscious and so not unconscious. (Stevenson, p.12) Confession in its different forms is practiced in the mainstream churches such as the Roman Catholic and the Eastern Orthodox. Auricular confession, especially in those churches where there is a rule to confess sins through the proper minister, the confessor does “not allow the penitent to undergo any experience of transference” and the task of the confessor is rather to be an “ear of God”. In this assumption, no matter how painful the experience the penitent needs to go through, it is considered an important process through which the real healing and forgiveness is expected to be attained from God. It is

believed this process enables the penitent to experience a forgiving God; the facilitating confessor is not expected to block this healing relationship. "The confession centres upon objective guilt rather than the subjective feeling about what the penitent feels... The focal point of the confession is the absolution in which God reveals his acceptance of the sinner in spite of his sins, bringing him back into communion with Himself because of His love." (Stevenson, p.11) This author further clarifies that psychotherapy aims to help the client to reach to his/her goal namely *self-fulfilment* and *enjoyment of life*. Alternatively pastoral care assumes that "man's [woman] chief end is to glorify God and to enjoy Him forever." Both have similarities in thinking that the real healing comes from facing the reality. "Both disciplines strive to bring the individual back into his [her] true and rightful state of being." (p.14)

### Conclusion

Many modern models of psychotherapy claim roots from within clinical findings and philosophical thoughts, while most forms of pastoral care can be mainly identified within but not limited to a (religious) theological paradigm. Currently most ministerial training programs designed for pastoral care providers include useful human sciences, basic counselling theories, and counselling skills to their main theological courses. Similarly, some psychotherapy training models, in their effort to understand and address the needs of their religious clients, are now incorporating religious and spiritual insights in their therapeutic theories and practices. Consequently, the more practitioners of the two disciplines borrow useful resources from each other to maximize their own caring and therapeutic practices, theoretical, and practical overlapping within the two respected disciplines, the greater the likelihood each will shed their distinctive identities. This article proposes a humble solution to such a problem by offering an outline of basic theoretical foundational elements of Christian pastoral care and psychotherapy.

### References

- Browning, D. S., & Terry D. C. (2004). *Religious Thought & the Modern Psychologies*. (2<sup>nd</sup> ed.). Minneapolis, MN: Fortress.
- Carmody, J. (1990). Spirituality (Roman Catholic Tradition). In Rodney J. Hunter (Ed.), *Dictionary of Pastoral Care and Counseling*, (pp. 1223-1225). Nashville, TN: Abingdon.
- Catechism of the Catholic Church* 1997, accessed 04, 05 2010; Available from [http://www.vatican.va/archive/ccc\\_css/archive/catechism/ccc\\_toc.htm](http://www.vatican.va/archive/ccc_css/archive/catechism/ccc_toc.htm).
- Corveleyn, J. (2000). In Defense of Benevolent Neutrality: Against a "Spiritual Strategy". *The Journal of Individual Psychology*, 56(3), 343-352.
- Corveleyn, J., & Luyten P. (2005). Psychodynamic Psychologies and Religion: Past, Present, and Future. In Raymond F. Paloutzian and Crystal L. Park (Eds.) *Handbook of the Psychology of Religion and Spirituality*, (pp. 80-100). London: Guilford.
- Elder, C. R. (1995). The Freudian Critique of Religion: Remarks on its Meaning and Conditions. *Journal of Religion*, 75(3), 347-370.
- Freud, S. (1960,) *The Psychopathology of Everyday Life*, in Standard Edition London, Hogarth, 6:258-59.
- Gau, J. V. (2000). The Gestalt of Emptiness/Receptivity: Christian Spirituality and Psychotherapy. *Journal of Pastoral Care*, 54(4), 403-409.
- Harris, A. H. S., & Thoresen, C. E. (2005). Forgiveness, Unforgiveness, Health, and Disease. In E. L. Worthington Jr. (Ed.), *Handbook of Forgiveness* (pp. 321-333). New York: Brunner – Routledge.
- Hinson, E. G. (1990). Spirituality (Protestant Tradition). In Rodney J. Hunter (Ed.), *Dictionary of Pastoral Care and Counseling*, (pp. 1222-1223). Nashville, TN: Abingdon.
- Hopko, T. (1990). Spirituality (Orthodox Tradition). In Rodney J. Hunter (Ed.), *Dictionary of Pastoral Care and Counseling*, (pp. 21-22). Nashville, TN: Abingdon.
- Krause, N., & Christopher G. E. (2003). Forgiveness by God, Forgiveness of Others, and



- Psychological Well-Being in Late Life. *Journal for the Scientific Study of Religion*, 42(1), 77-93.
- Kempler, W. (1973). Gestalt Therapy. In Raymond Corsini (Ed.) *Current Psychotherapies*, (pp. 251-286). Itasca, Illinois: F. E. Peacock.
- Lazare, A. (2005). *On Apology*. Oxford: Oxford University Press.
- MacDonald, D., & Marcia W. (2006). Toward Conceptual Clarity with Psychotherapeutic Theories. *Journal of Psychology and Christianity*, 25(1), 3-16.
- Menahem, S. and Love M. (2013). Forgiveness in Psychotherapy: The Key to Healing. *Journal of Clinical Psychology*: Vol. 69(8), 829–835.
- Miller, W. R., (Ed.) (1999). *Integrating Spirituality into Treatment: Resources for Practitioners*, Washington, DC: American Psychological Association.
- Miller, W. R., & Carl E. Thoresen (1999). Spirituality and Health. In William R. Miller (Ed.) *Integrating Spirituality into Treatment: Resources for Practitioners*, (pp. 3-18). Washington DC: American Psychological Association.
- Nelson-Jones, R. (2000). *Six Key Approaches to Counselling & Therapy*. London: Sage.
- Oglesby, W B. (1979). Implications of Anthropology for Pastoral Care and Counseling. *Interpretation*, 33(2), 157-171.
- Olthuis, J. H. (2006). With-Ing: A Psychotherapy of Love. *Journal of Psychology & Theology*, 34(1), 66-77
- Renear, M. (1976). Gestalt Therapy and the Sacramental Experience. *Journal of Pastoral Care*, 30(1), 3-15.
- Rizzuto, A. (1998). Psychoanalytic Psychotherapy and Pastoral Guidance. *Journal of Pastoral Care*, 52(1), 69-78.
- Sanderson, C., & Marisha M. L. (1999). Acceptance and Forgiveness. In William R. Miller (Ed.) *Integrating Spirituality into Treatment*, (pp. 199-216). Washington, DC: American Psychological Association.
- Stevenson, B. (1966). Confession and Psychotherapy. *Journal of Pastoral Care*, 20(1), 10-15.
- West, G. F., & JoLynne Reynolds (1997). The Applicability of Selected Rational-Emotive Therapy Principles for Pastoral Counseling. *Journal of Pastoral Care*, 51(2), 187-194.
- Witvliet, C. V. O., & McCullough, M. E. (2007). Forgiveness and health: A Review and Theoretical Exploration of Emotion Path- ways. In S.G. Post (Ed.), *Altruism and Health: Perspectives from Empirical Research* (pp. 259–276). Oxford: Oxford University Press.
- Worthington, E. L., Witvliet, C. V. O., Pietrini, P., & Miller, A. J. (2007). Forgiveness, Health, and Well-being: A Review of Evidence for Emotional versus Decisional Forgiveness, Dispositional forgivingness, and Reduced Unforgiveness. *Journal of Behavioral Medicine*, 30, 291–302.



**CASC / ACSS**  
Canadian Association for Spiritual Care  
Association canadienne de soins spirituels

**SPIRITUAL CARE  
PASTORAL COUNSELLING  
TRAINING  
RESEARCH**

**1267 Dorval Drive, Unit 27  
Oakville, ON  
CANADA L6M 3Z4**

**www.spiritualcare.ca  
office@spiritualcare.ca**

**Toll Free: 1-866-442-2773  
Local: 289- 837-2272  
Fax: 289-837-4800**